



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DAVID PAZ PO BOX 1265 CLINT TX 79836	MFDR Tracking #: M4-11-2947-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #: AMERICAN HOME ASSURANCE CO. Box #: 19	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

A position summary was not submitted by the Requestor

Amount in Dispute: \$1,478.93

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Chartis has reviewed the Medical Fee Dispute Resolution Request/Response (DWC-60). It is the Carrier's position that there is no money owed to the requestor, [injured employee] for prescription medication specifically oxycontin and oxycodone that was filled on 2/21/2011, 3/30/2011, 3/31/2011 and 4/29/2011. This is supported by an 11/11/2008 Independent Medical Exam by Dr. Randy J. Pollett, MD, a 9/15/2010 letter to Dr. Carlos Viesca, MD, a 4/18/2011 letter to Mr. Paz and a 3/30/2011 Utilization Review letter from HCI denying the preauthorization for oxycontin."

Response Submitted by: AIG Claim Services, 8144 Walnut Hill Lane, Suite 1500, Dallas, TX 75231

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
02/21/11	Out-of-Pocket Expenses for Prescription Medications	N/A	\$732.22	\$0.00
02/21/11			\$61.77	
03/30/11			\$575.68	
03/31/11			\$61.83	
04/29/11			\$47.43	
Total Due:				\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.270 sets out the procedures for injured workers to submit workers' compensation medical bills for reimbursement.
- 28 Tex. Admin. Code §133.270 sets out the fee guidelines for the reimbursement of out-of-pocket expenses incurred by the injured employee for their workers' compensation injury.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanations of benefits were not submitted by either party.

Issues

1. Did the requestor submit the request for medical fee dispute resolution timely and in accordance with 28 Tex. Admin. Code §133.307?
2. Did the requestor incur out of pocket expenses?
3. Is the requestor entitled to reimbursement?

Findings

Pursuant to 28 Texas Admin. Code Section §133.307(c)(1)(A) the request for medical fee dispute resolution was received by the Division on May 2, 2011; the dates of service in dispute are February 21, 2011, March 30, 2011, March 31, 2011 and April 29, 2011. Therefore, this dispute was submitted in a timely manner.

The Requestor submitted receipts showing out-of-pocket expenses were incurred for Oxycodone HCL 5 MG tablet and Oxycontin 80 MG tablet for the dates of service in dispute. The Respondent submitted a letter to the injured employee, dated April 28, 2011, stating, "According to Required [sic] Medical Examination your medications is no longer reasonable and would require preauthorization. A request for preauthorization for oxycontin was denied on 3-30-11 by Health Direct, therefore your request for reimbursement cannot be process [sic] according to Require [sic] medical examination and Health Direct." The Respondent also submitted a copy of the determination by Utilization Review, dated March 29, 2011, stating, "A peer reviewer has reviewed the proposed medical treatment for the above named patient. This is to notify you that the clinical findings do not appear to support the medical necessity of treatment indicated above." Review of the information submitted by the Respondent shows the injured employee sought preauthorization for the prescription and was denied by the Carrier's utilization review company using the criteria set forth in the ODG Treatment Guidelines. In accordance with 28 Texas Admin. Code Section §137.100(d) the insurance carrier is not liable for the costs of treatments or services provided in excess of the Division treatment guidelines unless: (1) the treatment or service is provided in a medical emergency; or (2) the treatment or service is preauthorized in accordance with §134.600 or §137.300 of this title; and (e) an insurance carrier may retrospectively review, and if appropriate, deny payment for treatments and services not preauthorized under subsection (d) of this section when the insurance carrier asserts that health care provided within the Division treatment guidelines is not reasonable required. The assertion must be supported by documentation of evidence-based medicine that outweighs the presumption of reasonableness established by Labor Code §413.017.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

07/20/2011

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.